

\_\_\_\_\_  
Full Name of Party Filing This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Father

\_\_\_\_\_,  
Mother

Case No. \_\_\_\_\_

NOTICE OF HEARING

\_\_\_\_\_  
State of Idaho, Department of Health and Welfare

NOTICE IS GIVEN that the Motion for Order for Genetic Tests will come before the court  
for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the hour of \_\_\_\_\_ .m.,  
at the \_\_\_\_\_ County Courthouse, (street address, city and state of courthouse) \_  
\_\_\_\_\_  
\_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

\_\_\_\_\_  
[ ] By Mail

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

☐ By fax to (number) \_\_\_\_\_

☐ By personal delivery

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

☐ By Mail

☐ By fax to (number) \_\_\_\_\_

☐ By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing